

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

298-236

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 20           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 20 minus 20= | 0                        |
| INDEPENDENT CLAIMS               | minus 3 =    | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | 3/1/04 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|--------|---|-------|---|--------------------------|
|  |        | Total                                     | Minus | 20  | =                        |
|  |        | Independent                               | Minus | 3   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |        |   |       |   | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS18=     | 0      |
| X43=      |        | OR X86=      | 0      |
| +145=     |        | OR +290=     | 0      |
| TOTAL     |        | OR TOTAL     | 770    |

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

|                            |                   |                            |                   |
|----------------------------|-------------------|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
| X\$ 9=                     |                   | X\$18=                     |                   |
| X43=                       |                   | X86=                       |                   |
| +145=                      |                   | +290=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   | TOTAL<br>ADDITIONAL<br>FEE |                   |

| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|--|---|-------|---|--------------------------|
|  |  | Total                                     | Minus | 20  | =                        |
|  |  | Independent                               | Minus | 3   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |       |   | <input type="checkbox"/> |

|                            |                   |                            |                   |
|----------------------------|-------------------|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
| X\$ 9=                     |                   | X\$18=                     |                   |
| X43=                       |                   | X86=                       |                   |
| +145=                      |                   | +290=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   | TOTAL<br>ADDITIONAL<br>FEE |                   |

| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|--|---|-------|---|--------------------------|
|  |  | Total                                     | Minus | 20  | =                        |
|  |  | Independent                               | Minus | 3   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |       |   | <input type="checkbox"/> |

|                            |                   |                            |                   |
|----------------------------|-------------------|----------------------------|-------------------|
| RATE                       | ADDITIONAL<br>FEE | RATE                       | ADDITIONAL<br>FEE |
| X\$ 9=                     |                   | X\$18=                     |                   |
| X43=                       |                   | X86=                       |                   |
| +145=                      |                   | +290=                      |                   |
| TOTAL<br>ADDITIONAL<br>FEE |                   | TOTAL<br>ADDITIONAL<br>FEE |                   |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.